Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received: 02-JAN-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 877259

OWNER INFORMATION (Type or Print)

[redacted] 663921

Work Numbe [redacted]

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date** ___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1B4GP44GXYB626337	DODGE TRUCK	GRAND CARAVA	2000	

Purchase Date
☒ New ☐ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Siz (CID/CC/L ____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) 01-APR-2000 Mileage at Failure(s) 15000 Vehicle Speed at Failure(s)_____	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN CONSUMER PUT VEHICLE IN REVERS IT WOULD NOT MOVE, OTHER TIMES IT WORKS, THIS HAS HAPPENED WHEN PUTTING IT IN DRIVE, AS WELL. CURRENTLY, TRANSMISSION IS LEAKING. NOT TAKEN TO DEALER YET. *AK

CONTINUE ON BACK IF NEEDED